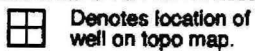




COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Oil and Gas Management Program
WELL LOCATION PLAT

| | | |
|-----------------------------|--|-----------------------|
| DEP USE ONLY | DEP Application Tracking # 205#631291 | date: 12-12-07 |
| | Permit # 115-20019 | C: |
| | Project #: | |

Top Hole Location
 NAD 27 ($\pm 0.02'$)



True Latitude: NORTH

41° 44' 01.80"

True Longitude: WEST

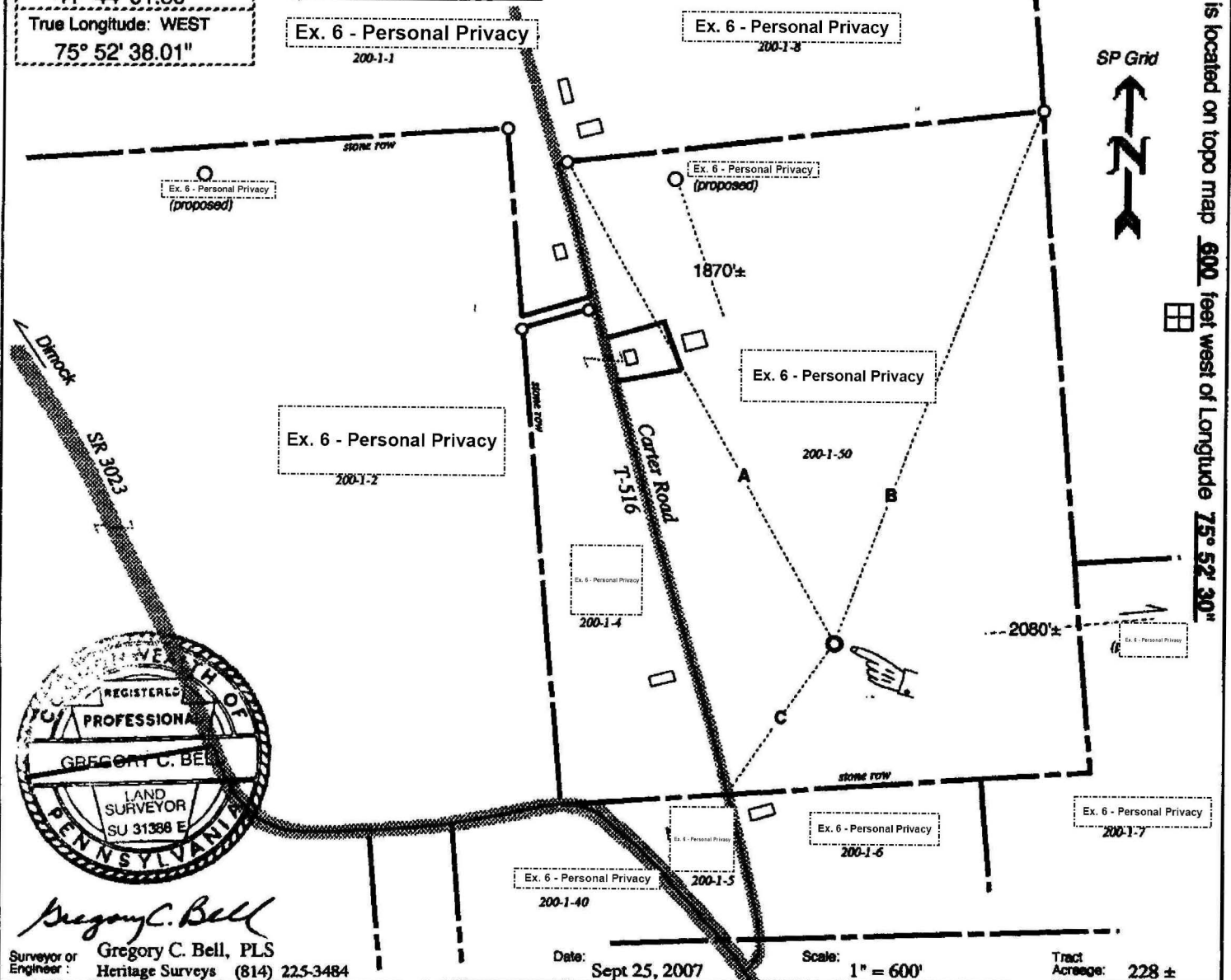
75° 52' 38.01"

Well is located on topo map **5890** feet south of Latitude **41° 45' 00"**

Location Ties

A - S 29°23' E - 2100'
 B - S 20°31' W - 2165'
 C - N 33°54' E - 702'

NOTE: This map is for well location purposes only and does not represent a complete boundary survey. Corners and lines important to the location of the well were located by actual survey; other lines are from deeds or tax maps.



Gregory C. Bell
 Gregory C. Bell, PLS

Surveyor or Engineer: Heritage Surveys (814) 225-3484

Date: Sept 25, 2007

Scale: 1" = 600'

Tract Acreage: 228 ±

| | | | | | |
|--|--|--|--|--|--|
| Lat & Long Metadata Method: TOPCON (L2) GPS Accuracy: 2 ± ft. Datum: NAD 27 | | Elevation Metadata Method: Topo Interpolation Accuracy: 10 ± ft. Datum: NAD 27 | | Survey Date: 9/16/07 | |
| Applicant / Well Operator Name Cabot Oil & Gas Corp. | | DEP ID # 43513 | | Well # 3 | |
| Address 900 Lee Street East, Suite 1500, Charleston, WV 25301 | | County - Code Susquehanna - 58 | | Municipality Dimock Twp. | |
| Surface Landowner Ex. 6 - Personal Privacy | | USGS 7.5' Quadrangle Map Name Springville | | DEP Map # 538 | |
| Surface Lessee (if any) | | Angle & Course of Deviation (Drilling) none | | Surface Elevation 1295 | |
| Surface Owner or Water Purveyor with a Water Supply within 1000 ft. Ex. 6 - Personal Privacy | | Approximate Course and Distance to Water Supply S 25° W - 700± S 75° W - 700± | | Anticipated Total Depth 7500 ft. | |
| Owner, Lessee, or Operator of Workable Coal Seam | | Name of Coal Seam Owned, Leased, or Operated RECEIVED | | NOV 26 2007 | |

ENVIRONMENTAL PROTECTION
 NORTHWEST REGIONAL OFFICE



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL AND GAS MANAGEMENT PROGRAM
WELL LOCATION PLAT

| | | |
|------|---------------------------|---|
| DEP | Auth ID # | G |
| USE | Permit # 115-20019 | C |
| ONLY | Project # | |

NAD 83 ($\pm 0.02''$)
NADCON - "No Trans" conversion

Denotes location of well on topo map.

True Latitude: NORTH
41° 44' 02.00"
True Longitude: WEST
75° 52' 37.07"

Well is located on topo map **5870** feet south of Latitude **41° 45' 00"** (NAD83)

Location Ties

A - S 28°54' E - 2063'
B - S 21°34' W - 2155'
C - N 30°35' E - 705'

NOTE: This map is for well location purposes only and does not represent a complete boundary survey. Corners and lines important to the location of the well were located by actual survey; other lines are from deeds or tax maps.

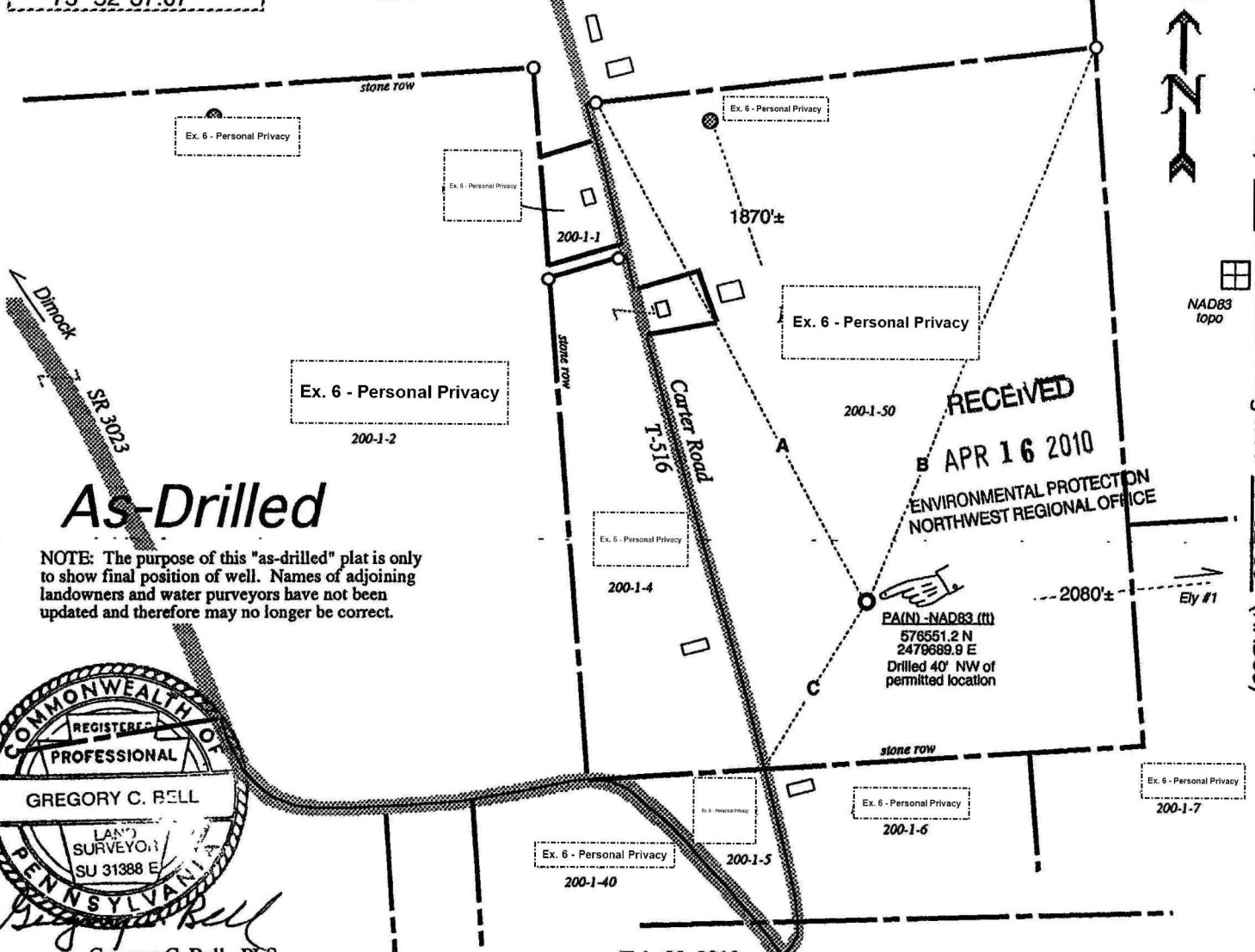
Ex. 6 - Personal Privacy
200-1-1

Ex. 6 - Personal Privacy

SP Grid

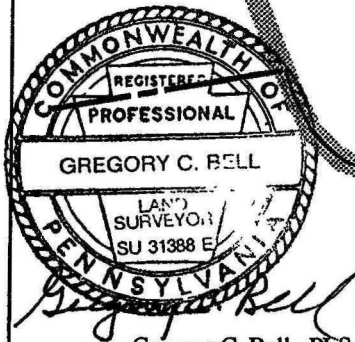


Well is located on topo map **535** feet west of Longitude **75° 52' 30"** (NAD83)



As-Drilled

NOTE: The purpose of this "as-drilled" plat is only to show final position of well. Names of adjoining landowners and water purveyors have not been updated and therefore may no longer be correct.



Surveyor or Engineer: **Gregory C. Bell, PLS**
Heritage Surveys (814) 225-3484

Date: **Feb. 23, 2010**
May 4, 2009

Scale: **1" = 600'**

Tract Acreage: **228 ±**

| | | | | | |
|--|--|--|--|---|--|
| Lat & Long Metadata Method: TOPCON (L2) GPS Accuracy: 2 ± ft. Datum: NAD 83 | | Elevation Metadata Method: Topo Interpolation Accuracy: 2 ± ft. Datum: NAVD 88 | | Survey Date 9/16/07 | |
| Applicant / Well Operator Name Cabot Oil & Gas Corp. | | DEP ID # 43513 | | Well (Farm) Name Ex. 6 - Personal Privacy | |
| Address 900 Lee Street East, Suite 1500, Charleston, WV 25301 | | County Susquehanna - 58 | | Municipality Dimock Twp. | |
| Surface Landowner Ex. 6 - Personal Privacy | | USGS 7.5' Quadrangle Map Name Springville | | DEP Map # 538 | |
| Target Formation(s) Marcellus Shale | | Angle & Course of Deviation (Drilling) | | Map Section 3 | |
| Surface Owner or Water Purveyor with a Water Supply within 1000 ft. Ex. 6 - Personal Privacy | | Approximate Course and Distance to Water Supply S 20° W - 700'± S 75° W - 650'± | | Anticipated Total Depth (ft) TVD 2500 | |
| Owner, Lessee, or Operator of Workable Coal Seam | | Name of Coal Seam Owned, Leased, or Operated | | Well Type Gas | |

Plugging



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL AND GAS MANAGEMENT PROGRAM

DEP USE ONLY

| | |
|-----------------|--------------------|
| Auth # | APS # |
| Site # | Primary Facility # |
| eFACTS Client # | Sub-fac # |

Notice of Intention by Well Operator to Plug a Well

| | | | | |
|---|-------------|-----------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> Well Operator <input type="checkbox"/> Coal Operator Cabot Oil & Gas Corporation | | DEP ID# 43513 | Well API # (Permit / Reg) 37-115-20019 | Date Drilled (If Known) 10/28/2008 |
| Address Five Penn Center West, Suite 401 | | Phone 412-249-3850 | Well Farm Name Ex. 6 - Personal Privacy | |
| City Pittsburgh | State PA | Zip Code 15276 | Well # 3 | Well Serial # |
| <input type="checkbox"/> Agent (contractor) acting on behalf of the operator named above. | | | County Susquehanna | |
| Address | | Phone | Municipality Dimock Township | |
| City | State | Zip Code | Attach well record if not previously submitted. | |

| Coal Operator, Owner, and Lessee | | | Complete this section if applicable. Prior to abandoning any well in an area underlain by a workable coal seam, the well operator or owner shall notify the coal operator, lessee, or owner of the intention to plug and abandon the well, and shall submit a plat showing the location and affix the date and time at which the work of plugging will commence. | | |
|--|---|--|--|--|---|
| Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee | Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee | Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee | | | |
| Address | | Address | | Address | |
| City, State, Zip | | City, State, Zip | | City, State, Zip | |
| Phone | Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone | Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone | Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| This Party hereby waives the rights to be notified of the date and time before plugging work will begin, and to be present at the plugging of this well. Signature: | | This Party hereby waives the rights to be notified of the date and time before plugging work will begin, and to be present at the plugging of this well. Signature: | | This Party hereby waives the rights to be notified of the date and time before plugging work will begin, and to be present at the plugging of this well. Signature: | |

| | | | |
|--|--|---|--|
| Scheduled Date and Time of Plugging | | Plugging is scheduled to begin on (date) 4/24/2010 at (time) 8:00 am. | |
| Checklist and Additional Attached Information | | Signature of Applicant (Operator or Agent) | |
| <input checked="" type="checkbox"/> Location Plat <input checked="" type="checkbox"/> Current Well Record <input type="checkbox"/> Available Well Record <input type="checkbox"/> Application for Approval of Alternate Method of Plugging <input type="checkbox"/> Other, describe: | | Signature Date 4/15/2010 Print or Type Signer's Name and Title Phillip L. Stalnaker, Vice President, North Region | |

| DEP USE ONLY | | | |
|--|------------------|--|----------------------------|
| If this well has not been permitted or registered previously, DEP hereby assigns this permit / registration number to the well location described in this notice: API# _____ Date: _____ Please refer to this number in all future correspondence. | | Notice acknowledged by: DEP Rep: (Signature) 5-5-10 (Print Name) Lobins | |
| | | Date: 5-5-10 | Geologist: Date: 5/4/10 |
| DEP will fill in the information below and send a copy of this notice to the applicant and these DEP staff or offices. | | | |
| DEP Oil and Gas Inspector | | DEP Mine Inspector MID # | |
| Name | Name | Rec'd in DEP Reg. Ofc. Plugging must begin within 30 days of | |
| Address | Address | | |
| City, State, Zip | City, State, Zip | | |
| Phone | Phone | | |